

## Ghost/Shared Kitchen Authorization Environmental Health Division

| Site No             | _ |
|---------------------|---|
| Date Received       |   |
| Date Scanned        | _ |
| For Office Use Only |   |

Wichita Falls-Wichita County Public Health District

1700 Third St. | Wichita Falls, TX 76301 | 940-761-7800 | www.health.wichitafallstx.gov

## Must submit a copy of the Ghost/Shared Establishment menu.

| Name of Ghost/Shared Establishment:  |   |   |  |
|--|---|---|--|
|  |   |   |  |
|  | City/State/Zip:   |   |  |
| Name of Permitted Food Establishment:_   | Establishn  | nent Phone: ()  |  |
| Owner's Name:  | Owner's Ph  | Owner's Phone: ()   |  |
|  | City/State/Zip:   |   |  |
|  | nt has my permission to use my establishment as a permitted foo<br>h the ghost/shared establishment are my responsibility because the       |   |  |
| Permitted Food Establishment Print N   | me Permitted Food Establishment Signature   | Date  |  |
| Ghost/Shared Establishment Print Na  | ne Ghost/Shared Establishment Signature   | Date  |  |
|  | nita Falls-Wichita County Public Health District, Environmental Health Division   | on, 2022  |  |
| Public Health Prevent. Promote. Protect.                                       | st/Shared Kitchen Authorization ironmental Health Division ita Falls-Wichita County Public and St.   Wichita Falls, TX 76301   940-761-7800 | Date Scanned For Office Use Only Health District  www.health.wichitafal.stx.gov         |  |
|  |   |   |  |
|  | e of Ghost/Shared Establishment:Ghost/Shared Phone: ()  |   |  |
|  | City/State/Zip:   |   |  |
| Name of Permitted Food Establishment:_ Owner's Name:                           |   | nent Phone: ()one: ()_  |  |
| Owner's Address:   | City/State/Zip:   |   |  |
| The above named ghost/shared establishm and possible citations associated with | nt has my permission to use my establishment as a permitted foo<br>h the ghost/shared establishment are my responsibility because the       | d establishment. I am aware that any violations ney are operating under my food permit. |  |
| Permitted Food Establishment Print N   | me Permitted Food Establishment Signature   | Date  |  |
| Ghost/Shared Establishment Print Na  | ne Ghost/Shared Establishment Signature   | Date  |  |